OUTPATIENT HOSPITAL FEE SCHEDULE PROJECT
SUMMARY OF CHANGES
2/2/2005 TO 3/8/2005

Customer Change Requests - Approved:

01 Multiple Peer Groups for a Facility
Need to allow for services to fall under distinct Peer Group percentages, as necessary. Added values PG1 through PG9, which will be found on PR050.
Example – ABC Hospital (Trauma Hospital)
   PGM @ 100% for all HCPCS/CPT codes except 99283-99285.
   Has PG1 @ 150% for HCPCS/CPT codes 99283-99285
Updated %'s posted to PR050 on 3/2/2005, and should be present in your next extract. Design documents will be updated.

02 Out of State Hospitals use of Outpatient Hospital Fee Schedule
The Outpatient Fee Schedule Process will apply to both in and out of state Hospitals.
Design documents will be updated.

03 New Encounter Edits
Need to add new Encounter edits at the detail line level for UB's for line level begin and end dates of service. Includes – Valid dates; Begin date is before or same as end data; Line level begin and end dates are within header begin and end dates; Revenue codes and HCPCS to modifiers are valid on the line level dates of service; HCPCS coverage code is valid for the line level dates of service.
Design documents will be updated.

Customer Change Requests – Not Yet Approved:

04 "Lessor of" rule for Outpatient Hospital Fee Schedule Reimbursed claims.

OUTPATIENT HOSPTIAL FEE SCHEDULE PROJECT
SUMMARY OF UPDATES/ITEMS OF NOTE
2/2/2005 – 3/8/2005

- Updated percentages were received and are now posted for some Peer Groups (refer to attachment). Included in this is update is a new % of 210% for Phoenix Children's Hospital. There is also a new Peer Group of University Affiliated Hospitals.

- While preparing Control Group claims, it was noted that a UB Bill Type range was missing from the definition of Bill Types to which the Outpatient Hospital Reimbursement applies. The applicable Bill Types as previously stated should also include all 7XX Clinic Bill Types.

- Several Health Plans noted that the Reference and Provider Extracts produced from the AHCCCS Test Environment were not inclusive of all tables previously discussed. This issue has been resolved, and, with the exception of RF618, the next extract should be all-inclusive.

- RF618 is not presently included in either the current or proposed Health Plan Reference extract. This is an issue that involves many factors and is currently under evaluation by the Encounter Unit. There is at this time a single value needed from this table to support Outpatient Hospital Reimbursement. The default CCR for O/P. The value for this is .2957 effective 7/1/2005.

- There have been several inquiries to the Workgroup as to when table values will be finalized. Table values will continue to be revised as necessary, however Table structures have been finalized and values loaded are to the best of our understanding current.

- There have also been several inquires to the Workgroup as to the following

  When does the new Fee Schedule Apply? – *Dates of Service on or after 7/1/2005.*

  What if my claim dates of service overlap 7/1/2005? – *AHCCCS will not allow O/P claims dates of service to overlap 7/1/2005.*

  Does the new Fee Schedule Processing Apply to Claims and Encounters? - *Yes*

  What if I get an O/P claim from a provider who is not a Hospital? - *The Outpatient Hospital Fee Schedule applies only to Provider Type 02 Hospitals.*

  Does the new Fee Schedule Apply to Late Charge Claims or Adjustments? - *Late Charge claims will no longer be allowed, and Adjustments were eliminated under HIPAA.*

- There have been several inquiries to the Workgroup as to the functionality of the RF773 and RF774 tables. RF774 indicates several things related to UB claims processing most importantly can you bill a particular Revenue Code on this type of Bill Type, and if so is a HCPCS/CPT (R)equired, (O)ptional or (N)ot Allowed. RF773 stores the HCPCS/CPT codes which are permissible for those Bill Type to Revenue Code relationships on RF774 which are (R) or (O).

- As noted by several Health Plans there are three new coverage codes appearing in your Reference extracts. The addition of two these codes was unrelated to the Outpatient Hospital Fee Schedule. The values are as follows:

  05 – Outpatient Hospital Service   Will allow for coverage of service under the Outpatient Fee Schedule only and is covered in the AHCCCS Design Documentation

  09 – Medicare Only   Will allow for the flagging of non-Medicaid covered services otherwise covered under Medicare

  10 – Non Pay Category 2 Codes   Will allow for the flagging of Category 2 codes

- As previously discussed there was some confusion as to the handing of Same Day Admission –Discharge and Same Day Admission –Transfer Inpatient claims under the Outpatient Hospital Fee Schedule. This is a long standing Inpatient Hospital Reimbursement Policy as outlined in the current AHCCCS Fee for Service Provider Manual. Please refer to the attached for clarification.